

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10676012

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		1				
4	1					
5		1				
6	1					
7		1				
8		1				
9		1				
10		0				
11		0				
12		0				
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	20					
TOTAL CLAIMS	24					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
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TOTAL CLAIMS								